Lambeth Safeguarding Children Partnership

Multi-agency FGM Guidance



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Part 1: Local FGM Guidance

Introduction

Female genital mutilation (FGM) / cutting is a procedure where the female genitals are deliberately cut, injured or changed, but where there is no medical reason for this to be done. This is a traditional practice in some communities and is sometimes portrayed as a religious requirement although there is no basis for this. It is also known as female circumcision, and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is often hidden and may only come to the attention of professionals when a girl discloses concerns, presents with health complications, or is identified through safeguarding practice. Early identification, professional curiosity and timely multi-agency intervention are essential to preventing harm and protecting girls at risk.

FGM is a serious form of violence against women and girls, a safeguarding issue, and a criminal offence in the UK. Safeguarding and protecting children and adults at risk is everyone's responsibility. Clear local guidance helps professionals act quickly, share information in the right way, and work together to keep people safe.

This local guidance sits alongside the National Multi-Agency Statutory Guidance on FGM and explains how safeguarding and support pathways operate in Lambeth. It reflects local commissioning arrangements, referral routes and partnership responsibilities for preventing FGM and protecting children (by which we mean any individual under the age of 18). The guidance aligns with the Victims and Prisoners Act 2024, which strengthens the statutory framework for supporting victims and places responsibilities on agencies to deliver effective, multi-agency and trauma-informed support to survivors, including those impacted by FGM.

The purpose of the guidance is to support professionals by setting out the local referral routes, the roles of different agencies, and the organisations that can offer specialist help in Lambeth.

Preventing FGM requires a coordinated multi-agency response. All organisations working with children, young people and families have a responsibility to identify concerns early, share information appropriately, and work together to safeguard those at risk and support those affected.

The local FGM guidance details the local response in Lambeth when FGM concerns are identified. It explains how concerns should be raised, how agencies work with families, and how specialist services can offer support. It also outlines how organisations in Lambeth can challenge harmful practices through community engagement and education.

Lambeth Safeguarding Children Partnership's Core Principles for responding to FGM

There are core principles that all professionals working with children, young people and their families in Lambeth must follow:

- Diversity should be valued and fully considered in agency responses, however cultural factors and religious practices should neither explain nor condone acts of commission or omission, which cause a person to be placed at risk or harmed.
- Professionals should exercise professional curiosity whenever indicators of FGM are present. This means respectfully exploring concerns, asking sensitive questions where appropriate, and remaining alert to signs that a child may be at risk, even where there has been no direct disclosure. Professional curiosity should always be balanced with a culturally competent and trauma-informed approach.
- Any concerns about FGM need to be managed in a sensitive and professional manner
- If interpreter services are required for to communicate with a child or adult, never use family members, friends, neighbours or those with influence in the community as interpreters. People may feel embarrassed to discuss personal issues in front of them and sensitive information may be passed on to others and place the person at risk of FGM in further danger. Furthermore, such an interpreter may deliberately mislead practitioners and or encourage the person to drop the complaint and submit to their family's wishes. If possible, do not use a male interpreter when talking to women.
- When interpretation is required, practitioners should use an authorised and accredited interpreter who speaks the appropriate language and dialect of the family being supported. Where the interpreter is from a small community, practitioners should check whether the child or family member is comfortable with that interpreter being used, as they may be known to them
- Professionals should not delay safeguarding action while seeking additional evidence. Where there is reasonable cause to believe that a child may be at risk of FGM, concerns should be shared promptly in line with local safeguarding procedures.

Lambeth Safeguarding Children Partnership's Core Processes / Procedures for responding to FGM

The following processes / procedures set out the actions practitioners should take when responding to concerns about FGM, alongside local safeguarding, referral and escalation pathways:

- In all cases where FGM concerns are identified, practitioners should access specialist support through the Gaia Centre alongside statutory safeguarding

processes.

- Lambeth Council commissions specialist FGM support through the Gaia Centre, Lambeth's single front door for VAWG services. Africa Advocacy Foundation delivers specialist FGM support as a subcontracted partner within the Gaia Centre model. Professionals should access specialist FGM advice and support through the Gaia Centre.
- If, at any stage of working with a child and family, you disagree with an interagency decision or approach, please raise your concerns, using the LSCP's escalation policy for guidance.
- Where a child or young person aged 16 or 17 is experiencing domestic abuse alongside FGM concerns, practitioners should consider referral to the Gaia Centre's Young People's Service alongside children's safeguarding pathways.
- Where a mother or female carer discloses that she has experienced FGM, practitioners should:
  - Refer to Children's Social Care to assess risk to any girls within the household; and
  - Complete a DASH risk assessment and consider a MARAC referral for the adult victim, in line with Lambeth's local VAWG pathways.

Mandatory Reporting

In England and Wales, regulated health and social care professionals and teachers have a statutory duty to report known cases of FGM in girls under the age of 18 directly to the police.

A known case is where a professional:

- Has visually identified FGM during the course of their professional duties; or
- Receives a direct verbal disclosure from a girl under 18 that she has undergone FGM.

The Mandatory Reporting duty:

- Applies only to known cases of FGM in girls under 18;
- Does not apply to suspected cases or situations where a girl is believed to be at risk of FGM;
- Is a personal duty and cannot be transferred or delegated to another professional or manager;
- Requires the report to be made directly to the police as soon as possible.

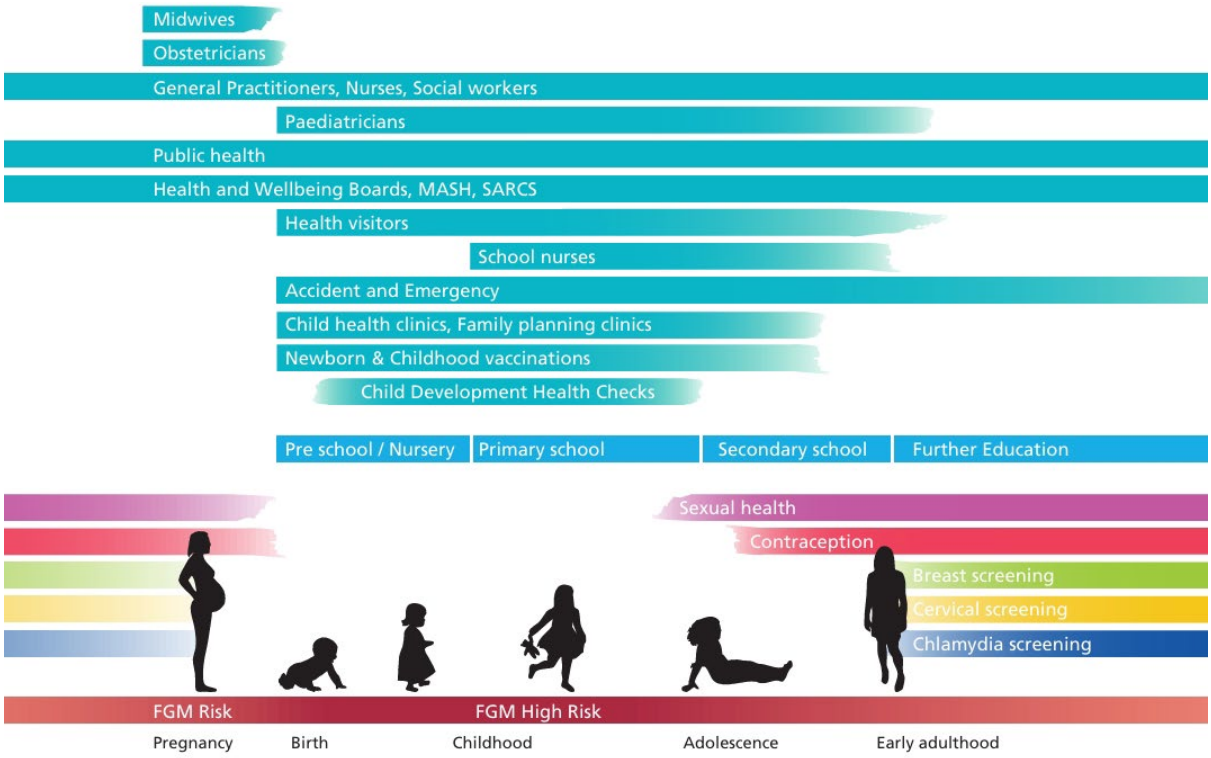
Where there are concerns that a child is at risk of FGM, or where safeguarding concerns arise that do not meet the threshold of a known case, practitioners must follow local safeguarding procedures and make a referral to Children's Social Care in accordance with the Lambeth Safeguarding Children Partnership procedures.

Making a mandatory report to the police does not remove the need for safeguarding action. Agencies must continue to share information appropriately, assess risk, and work together to ensure that children are protected from harm.

Information Sharing

Information must be shared lawfully and proportionately in line with the Department for Education Information Sharing Guidance for Practitioners, and GDPR safeguarding exemptions, where this is necessary to protect a child from harm. Please note, the duty to share information to safeguard and promote the welfare of children has been strengthened by the enactment of the Children's Wellbeing and Schools Act 2026, with new guidance anticipated by September 2026. Practitioners should ensure they remain up to date with national and local safeguarding developments, including by subscribing to the LSCP Newsletter. When a child transfers to another school, all safeguarding information, including concerns, assessments, interventions and any known risk indicators, must be transferred securely and in line with the expectations set out in the current edition of Keeping Children Safe in Education (KCSIE).

It remains best practice to share information between professionals and agencies to support the ongoing provision of care and efforts to safeguard women and girls against FGM. For example, after a woman has given birth, it is best practice to include information about her FGM status in the discharge summary record sent to the GP and Health Visitor, and to include that there is a family history of FGM within the Personal Child Health Record (PCHR), often called the 'red book'. Children at risk of FGM will be monitored through to school leaving age using routine opportunities such as developmental checks, the National Child Measurement Programme and immunisation. These existing systems can effectively support the identification, assessment and management of risk, helping to ensure children are protected during vulnerable periods, such as school holidays and the onset of puberty, through proactive engagement with schools, families and children themselves in an age-appropriate way. The illustration below, taken from the Intercollegiate Guidelines on FGM, clearly demonstrates the routine opportunities that are already in place and should be utilised to identify, assess and monitor FGM risk.


Midwives
Obstetricians
General Practitioners, Nurses, Social workers
Paediatricians
Public health
Health and Wellbeing Boards, MASH, SARCS
Health visitors
School nurses
Accident and Emergency
Child health clinics, Family planning clinics
Newborn & Childhood vaccinations
Child Development Health Checks
Pre school / Nursery
Primary school
Secondary school
Further Education
Sexual health
Contraception
Breast screening
Cervical screening
Chlamydia screening
FGM Risk
FGM High Risk
Pregnancy
Birth
Childhood
Adolescence
Early adulthood

Part 2: Single Agency Practice Guidance

This section stipulates the practice guidance for agencies and organisations within the partnership.

2.1 Children's Social Care (CSC)

FGM constitutes a significant risk of harm and must be fully and thoroughly investigated. All referrals received by Children's Social Care (CSC) specifying a risk of FGM will be fully investigated. Please see Appendix 2 for CSC's FGM Referral Pathway flow chart. If the threshold for an assessment is not met, the full management rationale must be shared with the referring agency. If the threshold for a Section 47 investigation is not met, the management rationale must be provided and shared with partners. Where the threshold for a Section 47 investigation is met, a strategy discussion must be held in line with statutory guidance Working Together to Safeguard Children, London Safeguarding Children Procedures and Lambeth Children's Services Procedures Manual.

The primary purpose of CSC involvement is to safeguard the child, prevent FGM from occurring, and work with partner agencies to reduce future risk. Safeguarding decisions should be child-centred, proportionate, evidence-informed and focused on the child's welfare, safety and long-term wellbeing. Undue delay may place the child at risk of harm. Every attempt should be made to work in partnership with the family.

Where there is either a potential risk of FGM or confirmed FGM, the Strategy Discussion should be convened with the following participants**:**

- CSC Team Manager (TM) and Social Worker (SW)
- Community Paediatrician and a Health Specialist in FGM, if one is available
- Police Child Abuse Investigation team (CAIT)
- Education representative from the school attended by the child (where appropriate)
- Childcare provisioner / nursery attended by the child
- Voluntary agencies (where appropriate)
- Legal advice (there may be a need to consider the use of specific legal orders to protect the child concerned)
- The referring agency, as recommended by Working Together to Safeguard Children

Where a specialist clinical assessment may be required, CSC should liaise with health partners in accordance with the Clinical Assessment Pathway set out in Section 2.2. Specialist non-acute child FGM assessments are provided by the UCLH Children's FGM Service, and social workers should be aware of local referral arrangements when

safeguarding concerns arise.

Strategy discussions should consider the child's wishes and feelings, the level of current and future risk, protective factors within the family, and the need for ongoing safeguarding planning. Decisions and the rationale for those decisions should be clearly recorded.

The following issues should be part of the agenda in any strategy discussion regarding FGM:

At Risk of FGM	Survivor of FGM
Family history and background information, including discussion about language needs and the need for translation services. Provision of appropriate advice and information to the family about the law and the harmful consequences of FGM. Risk to siblings and other children in the community. Any intelligence on who has or is planning to perform FGM. Consideration of medical examination in an appropriate health setting. The possibility for prosecution. Consider the use of an FGM Protection Order if there is imminent risk. If a Section 47 enquiry finds risk of harm, a Child Protection Conference may be required.	The voice of the survivor and what the child or young person would like to happen next. The immediate health needs of the individual. Provision of counselling and support services. Where FGM has already occurred, discussion of how, where and when it took place and the implications.

Where the risk is more immediate, a joint investigation by CSC and Police must be considered on safeguarding measures taken to protect the child including consideration for an FGM Protection Order. If there is any suggestion that the family still intends to subject the child to FGM, the first priority is the protection of the child, and the least intrusive legal action should be taken to ensure the child's safety. The first consideration should be informing the parents of the law and the dangers of FGM. This can be done by representatives from the child's school, CSC, health professionals and/or the Police.

It may be decided that there is no known immediate risk to a child, in these cases, CSC must ensure a plan is in place to mitigate future risk that may include referring the

parents to FGM Education programme or FGM awareness activities, and oversight from education and health professionals. Safeguarding plans should be reviewed regularly and updated where circumstances change, particularly before overseas travel, following new information from partner agencies, or where family circumstances alter.

2.2 Health Practitioners

Assessment and identification

The requirement is to record FGM in a patient's healthcare record only if and when it is identified during the delivery of any NHS healthcare. Professionals are reminded to be aware of the risk factors, including country of origin (refer 1: Percentage of girls and women aged 15-49 who have undergone FGM in Africa, the Middle East, and Indonesia on page 10 of the National Guidance), and to use their professional judgment to decide when to ask the patient if they have had FGM. Be mindful that whilst a woman may not be from a practicing country, her partner might be.

FGM may be identified through routine healthcare contacts, safeguarding assessments, or examinations undertaken for other reasons, including Child Sexual Abuse (CSA) assessments. Guy's and St Thomas's NHS Foundation Trust (GSTT) do not operate a dedicated FGM clinic for children; however, FGM may be identified through existing child protection and safeguarding services. Where examinations are undertaken within GSTT as part of Child Sexual Abuse (CSA) or community child protection services, examinations should be conducted by two clinicians trained in FGM assessment using video colposcopy. Recordings should be peer reviewed by the specialist team at University College London Hospitals (UCLH).

Clinical Assessment Pathway

Acute Medical Findings

Where a child presents with acute symptoms or signs that may indicate recent FGM, such as genital bleeding, the child should be seen urgently at a hospital Emergency Department. Emergency Department staff should liaise with Children's Social Care and seek specialist clinical advice where further examination by FGM-trained clinicians is required.

Non-Acute Medical Findings or Concerns

Where concerns arise following examination, disclosure, or other indicators suggestive of FGM, practitioners should seek initial clinical advice from Child Sexual Abuse (CSA) Community Paediatrics, clearly stating that CSA/FGM advice is required so that an appropriately trained clinician can respond. The CSA/FGM Community Paediatric teams operate jointly across Lambeth and Southwark. Community Paediatrics advice is available Monday to Friday, 9:00am to 5:00pm via the Lambeth advice line on 0203 049 6013 or the Southwark advice line on 0203 049 8010.

Referral for Specialist Child FGM Assessment
Children requiring specialist non-acute clinical assessment should be referred to the UCLH Children's FGM Service. Referrals may be made by:

- Paediatricians
- General Practitioners (GPs)
- Police
- Children's Social Care
- Parents, carers or young people through self-referral

Further details and contact information for the UCLH Children's FGM Service can be found in Section 6: Community Based Support Agencies and Specialist Services.

Safeguarding responsibilities
When a woman who has undergone FGM becomes pregnant, the midwife should ascertain the woman's view on FGM and complete the FGM risk assessment. If the woman is clear that she will be able to protect an infant from FGM, the midwife should provide supporting information about FGM and make a record in the medical notes. The GP and health visitor should be notified that the woman has undergone FGM. If the midwife is concerned that the woman may not be willing or able to safeguard her female infant, a safeguarding referral must be made to Children's Social Care. This referral should lead to enquiries about girls within the wider family (refer to Appendix 1). Within this discussion, the mother's own ability to make decisions within the family should be considered within the context of family/spousal power dynamics. Domestic abuse and other gender-based violence should be considered and appropriate support services offered where necessary, such as the Gaia Centre and Africa Advocacy Foundation.

The FGM-IS is a national NHS IT system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who have a family history of FGM. Healthcare professionals and administrative staff can view, add and remove the FGM indicator, and it can be accessed via the Summary Care Record Application (SCRa), or with a local clinical system integrated with FGM-IS.

Recording
As stated in the national guidance, it is mandatory for any NHS healthcare professional to record within a patient's clinical record if they identify through the delivery of healthcare services that a woman or girl has had FGM.

Data sets

- Female Genital Mutilation Datasets - NHS England Digital
- Guidance: Mandatory reporting of female genital mutilation: procedural information

For Acute Trusts, it is mandatory to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health every month. This will be collated by the health informatics teams.

2.3 Education

For the purpose of this guidance, references to schools should be read as including maintained schools, academies, free schools, sixth form colleges, further education colleges, alternative provision settings and other educational establishments working with children and young people.

Safeguarding Responsibilities

All staff must raise any concerns about FGM with the Designated Safeguarding Lead (DSL) or deputy without delay.

Following a mandatory report to the police, the DSL must ensure that Children's Social Care is informed to enable safeguarding oversight, assessment and multi-agency protection planning.

For information about the statutory Mandatory Reporting Duty, including who the duty applies to, what constitutes a known case, and reporting requirements, practitioners should refer to Part 1: Local FGM Guidance – Mandatory Reporting.

All education settings must follow the statutory safeguarding procedures set out in the current edition of Keeping Children Safe in Education (KCSIE). KCSIE highlights the need for safeguarding education to be embedded across the whole curriculum and supported by culturally competent community partnerships.

Where FGM is suspected or a child is at risk, staff must refer concerns through the school's usual safeguarding pathways, including immediate notification to the DSL and referral to Children's Social Care.

Alongside this guidance, schools must also have regard to:

- The FGM Act 2003 (as amended)
- The National Multi-Agency Statutory Guidance on FGM
- The London Safeguarding Children Procedures

Educate

Schools should draw on local support, including Lambeth Council Education Teams and specialist community organisations such as the Africa Advocacy Foundation, to educate both pupils and families about the harms and illegality of FGM.

Schools should use a range of strategies to raise awareness, including:

- Displaying posters and information in reception areas, girls' toilets, and visitor spaces.
- Delivering parent engagement events, coffee mornings, PTA sessions, or workshops particularly before Easter and Summer breaks when travel-related risk may increase.
- Embedding FGM-related themes within pastoral programs, Relationships and Sex Education (RSE) / Personal, Social, Health and Economic Education (PSHE), and wellbeing curricula, ensuring pupils have age-appropriate understanding of bodily integrity, consent, and safeguarding.
- Raising awareness of online risks, including misinformation and pressure from extended family networks or online groups.

Schools must ensure that all staff receive annual safeguarding training aligned with the current edition of Keeping Children Safe in Education and understand:

- What FGM is
- The lifelong physical, emotional, and psychological harm it causes
- Indicators of concern or risk
- Their responsibilities under the Mandatory Reporting Duty
- How to discuss concerns sensitively and appropriately with girls, young women, and families

KCSIE places strong emphasis on universal safeguarding literacy, requiring all staff to understand Part One of the guidance.

Record
All concerns, discussions, decisions, and actions related to FGM must be recorded accurately, promptly, and securely.

Records must:

- Be dated and signed
- Include the full name and role of the person making the entry
- Include factual detail, professional analysis, outcomes, actions taken, and the voice of the child

Records must clearly distinguish between fact, professional opinion, and professional judgement or decision-making.

Schools must use a secure safeguarding system (e.g., CPOMS or equivalent) and ensure all FGM-related records are clearly labelled and flagged.

Refer
The DSL/Headteacher must follow the referral guidance outlined in Appendix 1 and

seek advice from Children's Social Care as needed.

- For risk or suspected FGM, the DSL must complete a referral (e.g., MARF) to Children's Social Care. Make a referral to Lambeth Children's Social Care.
- For known cases of FGM, practitioners must follow the Mandatory Reporting duty set out in Part 1 and ensure that safeguarding referrals are also made where required.

Where there is immediate risk of significant harm, the police must be contacted via 999.

Where there is professional disagreement, concern about delay, or dissatisfaction with another agency's response, the DSL must follow the LSCP Multi-Agency Escalation Policy.

KCSIE reinforces the importance of multi-agency working, including collaboration with health, police, and social care, and emphasises early support under the Family Help offer.

2.4 Police

Contact police via 999 in an emergency.

Use 101 or established referral pathways for non-urgent safeguarding concerns.

Police will then follow the Metropolitan Police Service's FGM Standard Operating Procedure and statutory safeguarding procedures.

2.5 Community / Voluntary Groups

Any volunteer or community group member who is concerned that a child is at risk or has had FGM should consult with their agency Safeguarding Lead. If concerns appear to be justified, a referral should be made to Lambeth Children's Social Care. If you are worried about imminent risk, you should ring the police on 999. The referral should not be delayed in order to consult with the Safeguarding Lead, a manager or group leader, as multi-agency safeguarding intervention needs to happen quickly. If there is a concern about one child, consideration must be given to whether siblings are at similar risk.

It is expected that individuals that make a referral to the police or children's social care in their role with a voluntary sector organisation will not normally be able to remain anonymous. However, given the heightened sensitivity within communities that practice FGM and potential risk to those individuals, referrals made by members of the community who are working with a voluntary sector organisation can reasonably expect not to have this information passed to the family involved. They should still give their details and organisation contact information when making a referral but can request that they remain 'anonymous' regarding the family or child who is the subject of the referral.

Community Responsibility to Eradicate FGM
Community engagement is critical to the prevention and eradication of FGM. This requires a sustained focus on removing barriers that prevent women and girls from accessing support, as well as empowering communities to actively challenge and reject the practice. Effective engagement should prioritise open, informed dialogue and meaningful participation, recognising the vital role of trusted community figures and faith leaders in influencing attitudes and behaviours.

Sustainable change cannot be achieved solely through directive approaches. Efforts to address FGM must be underpinned by culturally informed, community-led strategies that enable reflection, build trust, and support long-term attitudinal change within affected communities.

Africa Advocacy Foundation (AAF) is a specialist, community-based organisation with extensive experience working with African and diaspora communities across London, including Lambeth. AAF brings recognised expertise in culturally competent FGM prevention, early intervention, and survivor-informed practice. Through its established links and trusted presence within communities, AAF is well placed to engage individuals and families who may be less accessible to statutory services.

In Lambeth, AAF operates as a delivery partner within the Gaia Centre VAWG Partnership, providing specialist case support and outreach to communities facing barriers to accessing mainstream services. In addition, AAF plays a wider strategic role in supporting Lambeth's response to FGM through partnership working with local agencies, including the provision of culturally competent training, consultation, and community insight to professionals across safeguarding, health, education, and social care.

AAF engages with professionals through the Gaia Centre and directly with a range of local agencies, particularly in cases involving complex cultural, community, or access-and-engagement barriers. This enables safeguarding responses to be culturally informed, accessible, and responsive, working alongside statutory services to improve outcomes for women and girls at risk of or affected by FGM.

2.6 Adult Social Care (ASC)

Aligned with the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures, November 2025

Adult Social Care (ASC) responds to concerns about adults (18+) who have experienced FGM or may be at risk of FGM. FGM is illegal in the UK, and safeguarding responses for adults must follow the Care Act 2014 and the London Multi-Agency Adult Safeguarding Procedures (2025).

Section 42 Duty – When a Safeguarding Enquiry Must Be Considered
A Section 42 safeguarding enquiry must be considered when an adult is 18 or over, and

- Has needs for care and support, and
- Is experiencing abuse or neglect, or is at risk of abuse or neglect, and
- Because of their care and support needs, is unable to protect themselves.

This definition is set out in the London Multi-Agency Adult Safeguarding Procedures.

Most adults who have experienced FGM will not meet the Section 42 threshold unless there is current risk or the adult is currently unable to protect themselves.

When a Section 42 Enquiry Is Required
A safeguarding enquiry must proceed where:

- The adult is currently at risk of FGM, or
- The adult has experienced FGM in adulthood and there is a current safeguarding concern, or
- There is evidence of coercion, control, intimidation, domestic abuse, forced marriage, honour-based abuse, or other behaviour that limits the adult's ability to make free and informed decisions, as recognised in national statutory guidance on harmful practices.
- The adult's care and support needs reduce their ability to protect themselves, and the risk is credible.

In such cases, ASC must work jointly with the police, as FGM is a criminal offence and London safeguarding procedures require police involvement where criminal risk is present.

When a Section 42 Enquiry Is *Not* Required
A Section 42 enquiry is not required where:

- The adult is disclosing FGM that occurred in childhood,
- There is no current or foreseeable risk,
- The adult can protect themselves, and
- No children or adults with care and support needs are at risk.

Professionals should still:

- Record the disclosure,
- Offer support or signposting to appropriate services, and
- Consider whether any children may be at risk and refer to Children's Social Care if required.

Adults Disclosing FGM That Occurred in Childhood
FGM that occurred before age 18 is categorised as child abuse and must be treated in accordance with the London Safeguarding Children Procedures – PG18 FGM.
This remains a children's safeguarding matter, even when disclosed by an adult.

ASC's role is limited to:

- Supporting the adult where appropriate (e.g., their wellbeing or access to services), and
- Identifying whether any children may currently be at risk.

ASC does not initiate an adult safeguarding enquiry solely because of childhood FGM. Where any child may be at risk, practitioners must refer immediately to Children's Social Care.

Division of Responsibilities – ASC, Children's Services and LADO
FGM that occurred before age 18:

- Managed by Children's Social Care where the adult has dependent children
- Where concerns involve a person in a position of trust, a referral must be made to the LADO.

ASC may support the adult but does not lead safeguarding.

FGM in adulthood or current adult risk:

- ASC leads enquiries where Section 42 criteria are met.
- ASC works jointly with police where FGM is suspected or risk is present.

Referral Pathways (Lambeth Adult Social Care)
Adult Social Care Phone Number: 020 7926 5555. Select Adult Social Care and then choose from the following options:

- 1 for people new to Adult Social Care
- 2 for people with existing Adults Social Care services (Duty Team)
- 3 for safeguarding concerns.

Online Referral
For all requests, queries and reporting safeguarding concerns please refer via Adult Social Care

3. Review of Guidance

This guidance will be reviewed by the LSCP by November 2029, unless new statutory guidance is issued before then which necessitates a change in policy and practice.

4. Escalation Procedure

Please refer to the LSCP Escalation Policy and London Child Protection Procedures

5. Lambeth Social Care Contact Details

Children's Social Care
To make a referral, contact the Integrated Referral Hub:

Tel: 0207 926 3100

Email: helpandprotection@lambeth.gov.uk

Follow up with a Multi-agency Referral Form (MARF)

Adult Social Care
If your enquiry is urgent, please call our service centre:

Tel: 020 7926 5555.

Select Adult Social Care and then choose from the following options:

- 1 for people new to Adult Social Care
- 2 for people with existing Adult Social Care services (Duty Team)
- 3 for safeguarding concerns.

Online Referral
Use this link for online referral: Adult Safeguarding concern form

ASC professionals and care providers can access a range of online forms and tools at Multi-agency Referral Form for Early Help or Child Protection (for professional use only)

6. Community Based Support Agencies

The organisations listed below provide different types of support. Some provide advocacy, prevention and community-based support, while others provide specialist clinical assessment and treatment. Practitioners should consider the purpose of the referral and select the most appropriate service.

Support and Advocacy Services

- Africa Advocacy Foundation (AAF)
- Gaia Centre
- NSPCC FGM Helpline

Specialist Clinical Services

- NHS National FGM Support Clinic

- University College London Hospitals (UCLH) – Adult FGM Clinic
- University College London Hospitals (UCLH) – Child FGM Clinic

Africa Advocacy Foundation (AAF)

Tel: 0208 698 4473
Email: vawg@africadvocacy.org
Website: Africa Advocacy Foundation

Opening hours
Monday-Friday 10am-6pm

Referral Criteria
Women and girls affected /at risk of Female Genital Mutilation
Women and girls affected by harmful traditional practises

Key role
Africa Advocacy Foundation (AAF) provides specialist FGM expertise within Lambeth's VAWG Partnership. Its primary functions are FGM prevention, community engagement, community outreach, survivor engagement, culturally competent support for women and girls affected by FGM, and cultural competence training for professionals and community organisations.

Project description
AAF is a specialist organisation working to prevent Female Genital Mutilation (FGM) and other harmful practices. Across Lambeth and neighbouring boroughs, AAF raises awareness, strengthens safeguarding and supports survivors and those at risk, while addressing harmful social norms and promoting the rights, health and protection of women and girls.

AAF aims to:

- Raise community awareness of the serious physical, psychological and long-term impacts of FGM and other harmful practices.
- Equip survivors and those at risk with the knowledge, skills and confidence to report concerns and seek help.
- Educate communities on the UK legal framework, the consequences of practising FGM, and their rights to protection.
- Train and support survivors as community champions to advocate for change and promote positive attitudes to ending FGM.

As a partner in the Lambeth Gaia VAWG Partnership, AAF delivers culturally competent, trauma-informed and language-accessible services, enabling women, girls and families to access safe, trusted support, including:

- Culturally competent support that respects community contexts
- Trauma-informed services centred on survivors' wellbeing
- Language-accessible provision to remove barriers to help
- Safe, trusted support for women, girls and families

AAF employs a person-centred, community-led approach, working with communities, including men, faith and cultural leaders, to influence attitudes and support the abandonment of FGM. We also collaborate with schools, youth services, GPs, social care teams, safeguarding partnerships and VAWG organisations to strengthen prevention, share expertise and ensure girls at risk are identified and protected

AAF continues to foster community change, strengthen safeguarding responses and support survivors, contributing to wider efforts to end FGM and protect the rights and wellbeing of women and girls.

FGM Helpline

Tel: 0800 028 3550 (24-hour helpline)
Email: fgmhelp@nspcc.org.uk
Website: NSPCC FGM Helpline

Referral Criteria
Helpline for anyone concerned a child is at risk of or has had FGM. The helpline is free, anonymous and 24/7.

Key role
The NSPCC FGM Helpline provides advice, information and safeguarding support to professionals, families and members of the public who are concerned that a child may be at risk of, or affected by, FGM.

Project description
A 24/7 UK-wide service staffed by specially trained child protection helpline counsellors who can offer confidential guidance, information, and assistance to members of the public and to professionals. Helpline counsellors will also facilitate referrals to appropriate safeguarding agencies where required.

The Gaia Centre (run by Refuge)

Tel: 0207 733 8724
Email: lambethvawg@refuge.org.uk
Website: The Gaia Centre

Opening Hours
Monday-Friday 8am – 6pm
(with an out-of-hours on-call service until 10pm)

Referral Criteria
The Gaia Centre offers tailored, confidential and independent support to Lambeth residents aged 16 and over, and **children and young people aged 0–25**, living in the London Borough of Lambeth who have experienced, witnessed, or been affected by any form of violence against women and girls (VAWG).

This includes, but is not limited to:

- domestic abuse and violence
- female genital mutilation/cutting (FGM)
- forced marriage
- so-called 'honour'-based abuse
- sexual exploitation (including child sexual exploitation)
- sexual violence
- stalking and harassment

Support is available to people of all genders, gender identities, and sexual orientations.

Key role
The Gaia Centre is Lambeth's single front door for Violence Against Women and Girls (VAWG) services. Its primary functions are risk assessment, independent advocacy, referral coordination, case management and ensuring access to appropriate specialist support services.

The Gaia Centre provides specialist early intervention and support to **children and young people aged 0–25** who have experienced or been affected by VAWG. This includes:

- young people aged 16 and over, and adults.
- experiencing domestic abuse or other forms of VAWG; and
- children and young people of any gender impacted by VAWG within their families or communities.

All other adult services support those aged **16 and over**

Project description
The Gaia Centre provides confidential, non-judgmental and independent support to Lambeth residents who are experiencing, or are at risk of, any form of VAWG. Support needs- and risk-led and available at all stages of a person's journey, from early intervention through to crisis response and recovery.

The service provides coordinated support to:

- young people aged 16 and over, and adults; and
- children and young people aged 0–25 who have experienced, witnessed, or been

affected by VAWG.

Support available through the Gaia Centre includes:

- independent gender-based violence advocacy (IGVA), including for high-risk cases
- specialist early intervention and therapeutic support for children and young people aged 0–25
- safety planning and risk management, including DASH risk assessment and MARAC engagement where thresholds are met
- community outreach and prevention work
- Sanctuary Scheme to improve home safety and prevent homelessness
- group and peer-based support

The Gaia Centre works in close partnership with statutory agencies, safeguarding partnerships, and commissioned specialist organisations to ensure that **children's safeguarding and adult risk management responses run in parallel** where required.

The service accepts:

- self-referrals, and
- professional referrals with consent, via the Gaia Centre referral form.

Practitioners may also contact the Gaia Centre for advice and safeguarding consultation.

NHS National FGM Support Clinics

Website: National FGM Support Clinics

Referral Criteria
This service is available to women aged 18 or older who are not pregnant when they seek support.

Referrals from GPs and other health professionals are strongly encouraged, but women can also access a clinic through:

- walk-in appointments
- using a self-referral service

Key role
The NHS National FGM Support Clinics provide specialist healthcare service for adult women affected by FGM. Its primary functions are clinical assessment, medical treatment, deinfibulation, emotional support, health advocacy and referral to specialist healthcare services where required

Project description
National FGM Support Clinics are a place for women with FGM to discuss their health needs in a sensitive and non-judgemental environment.

The services are provided by an all-female team and include:

- physical assessment and treatment (including deinfibulation if required)
- emotional support and counselling
- general information
- access to FGM Health Advocates
- referral to a specialist consultant, if needed

University College London Hospitals (UCLH) – Adult FGM Clinic

Address: Elizabeth Garrett Anderson Wing, University College Hospital, London
Tel: 020 3456 7890
Email: fgmsupport@uclh.nhs.uk / uclh.fgmreferrals@nhs.net
(used for referrals and self-referrals)
Website: UCLH Adult FGM Clinic

Opening Hours
Monday: 9:00 AM – 4:00 PM (by appointment)

Referral Criteria
The clinic is appointment-based, so you normally need a referral from a GP, midwife, or another health professional, although some services allow self-referral.

Key role
The UCLH Adult FGM Clinic is a specialist clinical service providing clinical assessment, medical treatment, deinfibulation, specialist advice and ongoing healthcare support for women affected by FGM.

Project description
Specialist care for women affected by FGM.

Services include consultation, medical assessment, deinfibulation (reversal), counselling, and advocacy support.

The clinic supports both pregnant and non-pregnant women who have experienced FGM.

University College London Hospitals (UCLH) – Child FGM Clinic

Address: Children's Female Genital Cutting / Mutilation (FGC/M) service,
University College Hospital, Children's Safeguarding, 6th Floor North
250 Euston Road London NW1 2PG
Tel: 020 3447 07396
Email: uclh.cypsafeguarding@nhs.net
Website: UCLH Children's FGM Clinic

Key role
The UCLH Children's FGM Service provides specialist paediatric assessment, specialist clinical advice and clinical examination of children where FGM is suspected, identified or disclosed. The service supports safeguarding investigations through expert clinical assessment and consultation.

FGM services for girls under 18 years is available through the specialist Paediatric UCLH. Appointments may be made by emailing:
UCLH.paediatricsafeguarding@nhs.net

7. Agency Leads / FGM Champions

Agency leads and contact details are correct at the time of publication. Partner agencies are asked to notify the LSCP of any changes to named contacts, lead officers or service details between formal review dates to ensure this guidance remains accurate.

	Service/Agency	Lead
Health	NHS SEL ICS (Lambeth)	Avis Williams-McKoy, Designated Nurse for Safeguarding avis.williams-mckoy@selondonics.nhs.uk Maureen Gabriel, Designated Nurse for Safeguarding Maureen.Gabriel@selondonics.nhs.uk
	NHS SEL ICS (Lambeth)	Dr Diana Howlett, Designated Doctor Safeguarding/Child Protection dhowlett@nhs.net
	Guy's and St Thomas's NHS Foundation Trust	Debbie Saunders, Head of Nursing Safeguarding Children debbie.saunders1@nhs.net
	Guy's and St Thomas's NHS Foundation Trust, Midwifery	Bernadette Gibbings, Named Midwife bernadette.gibbings3@nhs.net gst-maternitysafeguarding@nhs.net
	Guy's and St Thomas's NHS Foundation Trust, Community	Dr John Criddle, Named Doctor for Safeguarding/Child Protection john.criddle@nhs.net
	King's College Hospital NHS Foundation Trust	Dr Lauren Hettiaratchi, Named Doctor for Child Safeguarding (DH site) l.hettiaratchi@nhs.net Safeguarding Dr Sharon Pimenta, Named Doctor for Child (PRUH Site) Sharon.pimenta@nhs.net Dr Temi Busari, Named Doctor for Child Safeguarding (Deputy) Temitope.Busari@nhs.net
	King's College Hospital, Midwifery	Linda Penn, Named Midwife linda.penn@nhs.net
	King's College Hospital NHS Foundation Trust	Zoe Lane, Associate Director of Nursing - Safeguarding (Children & Maternity) and Paediatric Learning Disability Service

		z.lane@nhs.net **Team Emails:** kch-r.safeguardingchildren@nhs.net kch-tr.safeguardingmaternity@nhs.net kch-tr.learningdisability@nhs.net
	Mary Sheridan Centre	Dr Luximi Kabilan, Named Doctor Safeguarding/Child Protection dkabilan@nhs.net
	South London and Maudsley Hospital Trust	Rehema Hussain, Named Nurse for Safeguarding/Child Protection rehemahussain@nhs.net
Police	Metropolitan Police, Central South BCU, CAIT	Neil Perham, Detective Sergeant neil.perham@met.police.uk
Local authority	Lambeth Children's Social Care, Integrated Referral Hub	Gabriella Anderson, Service Manager IRH and Emergency Duty Team ganderson@lambeth.gov.uk
	Lambeth Children's Social Care, Child & Family Assessment Team	Julia Barrett, Service Manager jbarrett2@lambeth.gov.uk
	Lambeth Violence Against Women and Girls Team	VAWG Programme and Commissioning Manager LambethVAWGPartnershipMeetings@lambeth.gov.uk
	Lambeth Adults Safeguarding	Jo-Ann Hughes, Safeguarding Adults Lead jahughes@lambeth.gov.uk
	Lambeth Education Team	Deborah Carter, Senior Safeguarding Manager dcarter@lambeth.gov.uk
	Lambeth Safeguarding Children Partnership	saferchildren@lambeth.gov.uk

8. Appendix

1. Multi-agency FGM Risk Assessment Flowchart
2. Children's Social Care FGM Referral Pathway
3. Department of Health FGM Safeguarding Pathway
4. Adult Safeguarding Response to FGM

Lambeth Safeguarding Children Partnership

Multi-agency FGM Risk Assessment Flowchart

You have concerns that a girl has had, or is at risk of, FGM. Discuss with your Safeguarding Lead. An appropriate professional to initiate a conversation. Prompts, depending on age:

- Your family is originally from a country where girls or women are circumcised. Have you been cut/closed down there?
- Have you been hurting 'down there'? Do you want to talk to the school nurse about it?

Do you believe the girl has undergone FGM?

Yes

Phone 101 to report the case to police under the Mandatory Reporting Duty

Inform your Designated Safeguarding Lead

and

Refer the case to Children's Social Care

No – but there is a clear risk of FGM

If the girl is in imminent danger, call 999

No – but there is some risk because of family history

Complete FGM Safeguarding Risk Assessment to decide what action to take

In all cases

- Clearly document all discussion and actions with the child and family in your agency's record system
- Explain FGM is illegal in the UK
- Consider if siblings or family members may be at risk
- Always discuss concerns with your Safeguarding Lead
- If the family requires an interpreter, use an interpreter whose values on FGM are known
- DO NOT USE FAMILY MEMBERS TO TRANSLATE

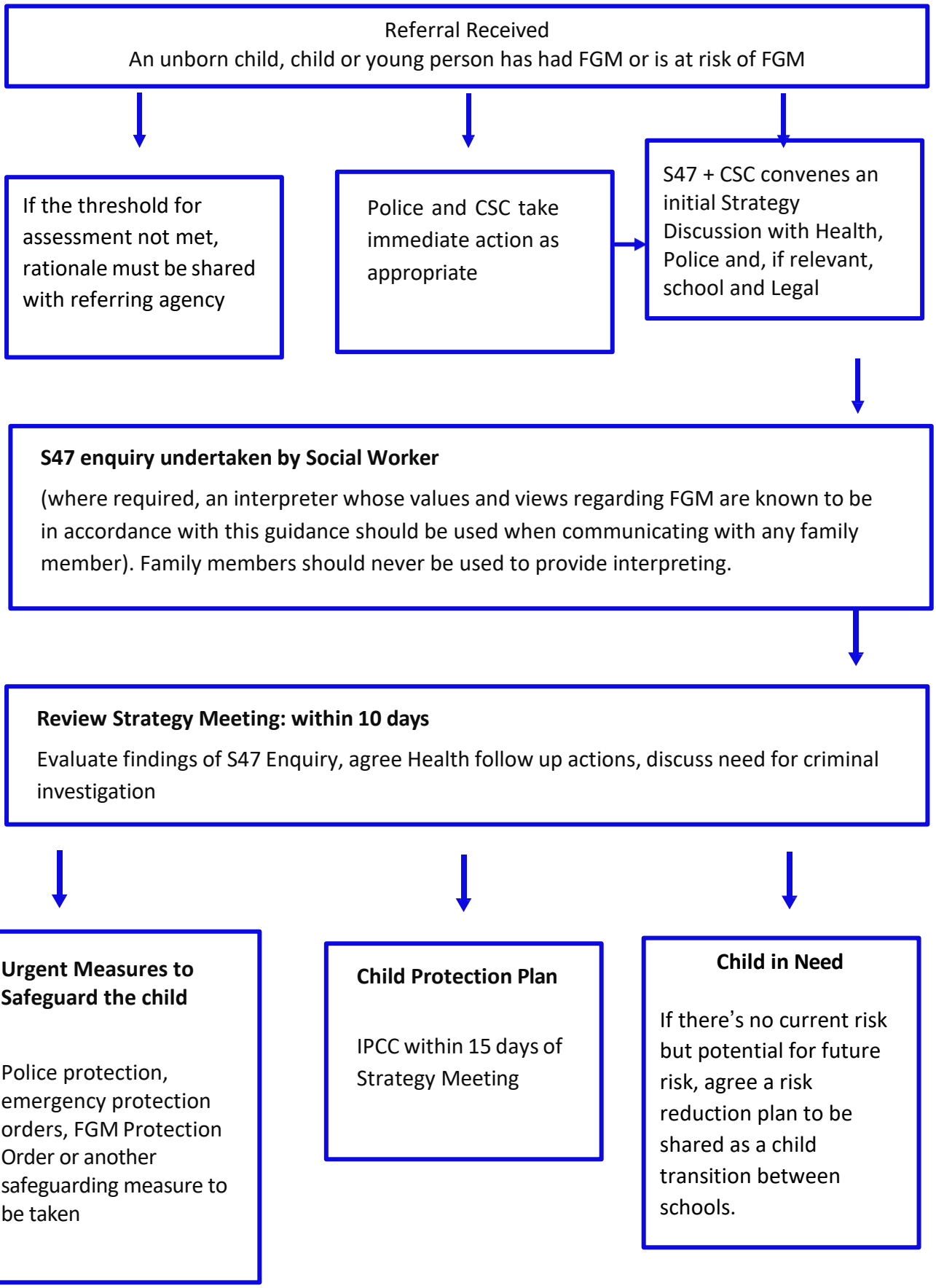


020 7926 5555



helpandprotection@lambeth.gov.uk

Children's Social Care FGM Referral Pathway



Department of Health

FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

If you suspect she may be at risk of FGM:

Use the safeguarding risk assessment guidance to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Patient is under 18

Ring 101 to report basic details of the case to police under Mandatory Reporting Duty.

Police will initiate a multi-agency safeguarding response.

Patient is over 18

Does she have any female children or siblings at risk of FGM?

And/or do you consider her to be a vulnerable adult?

Complete safeguarding risk assessment and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. Read code FGM status
2. Complete FGM Enhanced dataset noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
   a) If long term pain, consider referral to uro-gynae specialist clinic.
   b) If mental health problems, consider referral to counselling/other.
   c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible OR
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available online

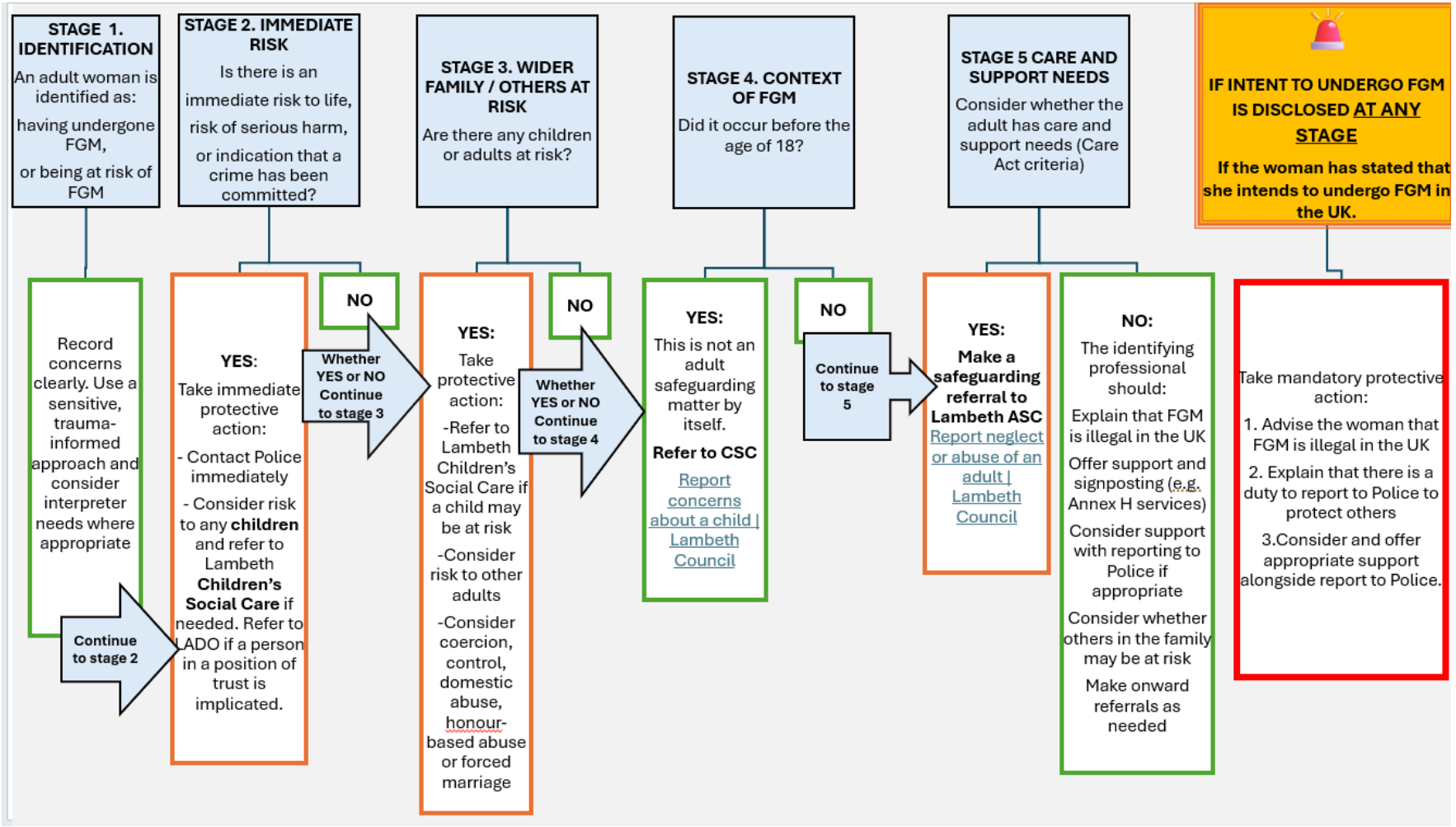
FOR ALL PATIENTS:

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse.
Always ask your local safeguarding lead if in doubt.

Adult Social Care Safeguarding Response to FGM



Report concerns about a child | Lambeth Council
Report neglect or abuse of an adult | Lambeth Council